

Town Council
NEW 04-19192

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Pro Qual Services Corp
BUSINESS STREET ADDRESS: 13331 SW 29 Ct ZIP 33330
BUSINESS MAILING ADDRESS: PO Box 551747 Ft. Lauderdale ZIP 33355
BUSINESS PHONE: 954-474-6465
DESCRIBE TYPE OF BUSINESS: Employment Agency
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Carol Powell</u>	<u>13331 SW 29 Ct</u>	<u>Davie 33330</u>	<u>954-474-6465</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

* Carol Powell, President Carol C. Powell
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>10/21/03</u> Category <u>07700</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>81.03</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>04-19192</u> Control # <u>15606</u> Zoning <u>A-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Jat</u> Date <u>10/28/03</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

Locator 10 62356
50-40-23-05-0140
PARMA ESTATES A-1 APPROV.

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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